

Mountain Metropolitan Transit
Title VI Civil Rights Complaint Form



Instructions: To submit a Title VI complaint to Mountain Metropolitan Transit, please print and complete the following form, sign and return to: Mountain Metropolitan Transit, Attention: Title VI Coordinator, 1015 Transit Drive, Colorado Springs, CO 80903. For questions or a full copy of Mountain Metropolitan Transit's Title VI policy and complaint procedures, please submit a written request to the above address, visit www.mmtransit.com, call (719) 385-7433, or Email transitinfo@springsgov.com.

Section I:

1. Name (Complainant):

3. Home Address (Street No., City, State, Zip)

3. Phone: 4. Email Address:

5. Accessible format requirements? (please check preference)

☐ Large Print ☐ Audio Tape ☐ TDD

☐ Other (please indicate)

Section II:

6. Are you filing this complaint on your own behalf? ☐Yes ☐No

(If you answered "yes" to this question, please go to Section III.)

7. If you answered "no" to question 6, please describe your relationship to the person (Complainant) for whom you are filing and why you are filing for a third party:

8. Have you obtained permission of the aggrieved party (Complainant) to file this complaint on his or her behalf?

☐Yes ☐No

Section III:

9. Have you previously filed a Title VI complaint with Mountain Metropolitan Transit? ☐Yes ☐No

10. Have you filed this complaint with any other federal, state, or local agencies or with any federal or state court?

☐Yes ☐No

11. If "yes," please check all that apply:

☐ Federal Agency ☐ Federal Court ☐ State Agency ☐ State Court ☐ Local Agency

12. If filed at an agency and/or court, please provide information for your point of contact at the agency/court where the complaint was filed:

Agency/Court: Contact Name: Address: Phone Number:

Section IV:

13. Date of Incident:	14. If applicable, name of person(s) who allegedly discriminated against you:
15. Discrimination based on (please check all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin	
16. Please provide a brief explanation of the incident and how you feel you were discriminated against, including how you feel others may have been treated differently than you. If you require additional space or have additional written material pertaining to your complaint, please attach to this form.	
17. Why do you believe this event occurred?	

19. How can this issue be resolved to your satisfaction?

20. Please list any person(s) we may contact for additional information to support or clarify your complaint:

<u>Name:</u>	<u>Address:</u>	<u>Phone Number:</u>

Section V:

Signature:

Date of filing:

Please note: Mountain Metropolitan Transit cannot accept your complaint without a signature.

Please mail your completed form to:

Mountain Metropolitan Transit
Attention: Title VI Coordinator
1015 Transit Drive
Colorado Springs, CO 80903

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